



INDEPENDENT SCHOOL DISTRICT 881
 200 Highway 55 East
 Maple Lake, MN 55358
 (320) 963-3171
**APPLICATION FOR EMPLOYMENT
 CERTIFIED STAFF**



DATE OF APPLICATION: _____

NAME _____

(LAST)

(FIRST)

(MIDDLE)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NO. _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

LIST ANY PREVIOUS NAMES _____

POSITION APPLYING FOR:

_____ ADMINISTRATOR _____ TEACHER _____ SUBSTITUTE TEACHER _____ OTHER

AVAILABLE DATE: _____

HOW DID YOU HEAR ABOUT POSITION? _____

ARE YOU LEGALLY ABLE TO WORK IN THE U.S.? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION

DESCRIPTION OF OFFENSE: _____

DATE OF CONVICTION: _____ COUNTY, CITY, STATE OF CONVICTION: _____

VETERAN'S PREFERENCE

ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE U.S. ARMED FORCES? YES ___ NO ___

Minnesota Statute 197.455 provides, in pertinent part, that applicants having a valid claim of Veteran's Preference be granted preference in the selection process. This provision does not guarantee that applicants having valid claim be interviewed or hired. All claims are verified by the District through review of form DD214.

DO YOU WISH TO CLAIM VETERAN'S PREFERENCE? YES ___ NO ___

If yes, you must provide the district with a copy of your DD214 form on or before the posting deadline

IF YES, WHICH PREFERENCE ARE YOU CLAIMING?

Veteran _____ Disabled Veteran _____ Spouse of Deceased Veteran _____ Spouse of Disabled Veteran _____

EDUCATION

LIST EDUCATION	NAME AND LOCATION OF SCHOOL	DIPLOMA OR DEGREE	SUBJECTS
HIGH SCHOOL			
VOCATIONAL/COMMUNITY COLLEGE			
COLLEGE/UNIVERSITY			
GRAD SCHOOL			
GRAD SCHOOL			
OTHER SCHOOLS			

MINNESOTA LICENSURE

Do you hold a valid Minnesota teacher's license to teach the subject and grade for which you have applied? Yes ___ No ___

If no, explain _____

Do you hold a valid Minnesota administrative license? Yes ___ No ___

File folder number _____

LIST AREAS AND GRADE LEVELS FOR LICENSURE:

Have you ever had a license to teach suspended, revoked or has any other action been taken with respect to your teaching license, either in Minnesota or any other state? Yes _____ No _____

If yes, explain circumstances:

ADMINISTRATIVE/TEACHING EXPERIENCE LIST MOST RECENT EMPLOYER FIRST

EMPLOYER NAME	START DATE	END DATE
ADDRESS	POSITION HELD OR SUBJECT AND GRADE TAUGHT	
CITY STATE ZIP	IMMEDIATE SUPERVISOR	FULL TIME/PART TIME

EMPLOYER NAME	START DATE	END DATE
ADDRESS	POSITION HELD OR SUBJECT AND GRADE TAUGHT	
CITY STATE ZIP	IMMEDIATE SUPERVISOR	FULL TIME/PART TIME

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EMPLOYER NAME	START DATE	END DATE
ADDRESS	POSITION HELD OR SUBJECT AND GRADE TAUGHT	
CITY STATE ZIP	IMMEDIATE SUPERVISOR	FULL TIME/PART TIME

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH ADDITIONAL SHEETS.

HIGHEST DEGREE ATTAINED:

NONE___ ASSOCIATES___ TECHNICAL CERTIFICATION___
BA/BS/ETC___ MA/MS/ETC___ ED. SPECIALIST/6TH YR/ETC___ ED.D/PH.D/ETC. ___

NUMBER OF GRADUATE HOURS BEYOND YOUR HIGHEST DEGREE _____

ARE YOU INTERESTED IN A POSITION AS AN ATHLETIC COACH OR ACTIVITIES ADVISOR? YES _____ NO _____

IF YES, WHAT AREA(S) INTEREST(S) YOU?

REFERENCES

Give names, addresses and phone numbers of those who know you or your work experience and can speak of your qualifications for this position. Do not list relatives.

NAME	ORGANIZATION/ADDRESS	RELATIONSHIP TO CANDIDATE/ YEARS KNOWN	WORK PHONE	HOME PHONE

CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the Maple Lake School District.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Independent School District 881 and myself for either employment or for the providing of any benefit. No promise regarding employment has been made to me and I understand that no such promise or guarantee is binding upon Independent School District 881 unless in writing.

Additionally, I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Maple Lake School Board and that until such approval that the Maple Lake School District shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby give Independent School District 881, Maple Lake Schools the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify Independent School District 881 against any liability which might result from making such investigation. I understand that any false answer or statement or implication made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Signature _____ Date _____

I understand that as of January 1, 1996, any conditional job offer will be contingent upon passing a criminal background check.

Signature _____ Date _____

Pursuant to Minnesota State Statute 176.178, I understand any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.

Signature _____ Date _____

RETURN COMPLETED APPLICATION, ALONG WITH COPY OF LICENSE TO:

MAPLE LAKE SCHOOLS

DISTRICT OFFICE

200 HIGHWAY 55 EAST

MAPLE LAKE, MN 55358

Email form to donohuem@maplelake.k12.mn.us

IF APPLYING FOR A POSITION OTHER THAN SUBSTITUTE, ALSO INCLUDE:

LETTER OF INTEREST, RESUME, 3 CURRENT LETTERS OF REFERENCE, AND TRANSCRIPTS